# Application of Artificial Neural Networks to the Detection of *Mycobacterium tuberculosis*, its Antibiotic Resistance and Prediction of Pathogenicity Amongst *Mycobacterium spp.*Based on Signature Lipid Biomarkers

Jonas S. Almeida<sup>1,4</sup>, Anders Sonesson<sup>1,2\*</sup>, David B. Ringelberg<sup>1,2</sup> and David C. White<sup>1,3</sup>

<sup>1</sup>Center for Environmental Biotechnology, University of Tennessee
10515 Research Drive, Suite 300, Knoxville, TN 37932, USA

<sup>2</sup> Microbial Insights, Inc., 201 Center Park Drive, Suite 1140, Knoxville, TN 37922-2105, USA

<sup>3</sup>Environmental Sciences Division, Oak Ridge National Laboratory, Oak Ridge, TN 37831, USA

<sup>4</sup>Dpt.Química, FCT/Universidade Nova de Lisboa, 2825 Mt.Caparica, Portugal

<sup>\*</sup>Present Address, Astra Draco AB, Division of Bioanalytical Chemistry
PO Box 34, S-221 00 Lund, Sweden

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 $The potential of artificial feed forward \, neural \, networks \, in \, assessing \, the \, detection \, of \, {\it Mycobacterium tuberculosis} \, ,$ its antibiotic resistance, and the pathogenicity of 19 Mycobacterial species was tested with a set of 67 strains based on signature lipid analysis. The lipid signature biomarkers were based on concentration patterns of 36 wax neutral lipid alcohols and fatty acids, which to date are found exclusively in Mycobacteria . The strains were assigned to species by independent clinical laboratories by their cultural properties and in some cases on the basis of DNA gene probes. The trained artificial neural network was able to identify correctly M. tuberculosis strains from their lipid signatures using one hidden node. The predictive accuracy was independently tested with 10 lipid profiles not used to train the artificial neural network. The analysis of predictive sensitivity showed that most of M. tuberculosis lipid signature is separable from other Mycobacterium spp. based on these data. Recognition of antibiotic resistance and pathogenicity was non-linear requiring multiple hidden nodes. When the same data set was used to train an artificial neural network with two hidden nodes to recognize different nutritional behaviours, pathogenic and saprotrophic Mycobacterium spp. were successfully recognized with 5% and 4% error, respectively. The successful recognition of strict pathogenicity was more complex requiring a hidden layer of 23 nodes. An association between the lipid signatures of 15 strains of Mycobacterium tuberculosis with resistance to isoniazid and streptomycin was achieved with a 7% error by a artificial neural network with 13 hidden nodes. These results suggest that the analysis of signature lipids by artificial neural networkcan be used for species detection/identification, pathogenicity, and drug resistance. Since signature lipid biomarker analysis does not require isolation and culture of microbes, has the potential for automation, rapid analysis, and exquisite sensitivity, the technique offers great promise in the detection and management of Mycobacterial disease.

### Introduction

Signature lipid biomarker patterns in cells reflect both genotype and phenotype: gene expression and metabolic activity in response to environmental parameters (Vestal & White, 1989, White, 1995). In the identification or classification of micro-organisms, the inferences from exogenous factors is lost with the routine analysis of isolates grown under standard culture conditions. DNA based identifications often cannot adequately define the phenotypic expressions of important traits (White, 1994). Since the expression of phenotypic traits such as drug resistance is crucial to the management of the infections, an analysis that provides both genotypic and phenotypic properties is desirable. We tested the hypothesis that

utilizing artificial neural network (ANN) analysis of neutral lipid signature biomarkers. The possibility exists that classical definitions based on cultural properties of a particular species include biovars with larger phenotypic differences among themselves than with other close species.

The association between signature lipid composition and the type of microbial activity is particularly complicated due to the intrinsic variability between different species. In this case linear associations offer very little help, as exemplified below in identifying the pathogenicity of a number of *Mycobacterium* spp.

The accuracy of ANN is necessarily limited by the data set used to train it. However, a properly trained ANN

Table 1 Mycobacterium species and strains analysed listed with the corresponding reference codes and sources. The reference code consists of a species code followed by a strain number.

Species	Code	Strain	Provider
M. africanum	MAFR1	ATCC 35711	ATCC, Maryland
	MAFR2	ATCC 25420	ATCC, Maryland
M. avium	MAVI1	716/93	NPHI, Turku, Finland
	MAVI2	760/93	NPHI, Turku, Finland
	MAVI3	640/93	NPHI, Turku, Finland
	MAVI4	ATCC 35714	ATCC, Maryland
M. bovis BCG	MBOV1	BCG CO	Colorado State University
	MBOV2	TMC 1011 BCG	Dept Health, Nashville TN
M. chelonae	MCHE1	ATCC 51130	CDC, Atlanta, GA
	MCHE2	ATCC 51131	CDC, Atlanta, GA
M. gastri	MGAS1	ATCC 15754	ATCC, Maryland
	MGAS2	ATCC 25157	ATCC, Maryland
M. gordonae	MGOR1	563/93	NPHI, Turku, Finland
	MGOR2	755/93	NPHI, Turku, Finland
	MGOR3	833/93	NPHI, Turku, Finland
	MGOR4	TMC 1318	Dept Health, Nashville, TN
M. intracellulare	MINT1	603/93	NPHI, Turku, Finland
	MINT2	737/93	NPHI, Turku, Finland
	MINT3	816/93	NPHI, Turku, Finland
	MINT4	ATCC 35761	Dept Health, Nashville TN
M. kansasii	MKAN1	TMC 1201	Dept Health, Nashville, TN
	MKAN2	139R	Dept Health, Nashville TN
	MKAN3	7943	Dept Health, Nashville TN
	MKAN4	8246	Dept Health, Nashville TN
M. leprae	MLEP	со	Colorado State University
M. malmoense	MMAL1	596/93	NPHI, Turku, Finland
	MMAL2	597/93	NPHI, Turku, Finland
	MMAL3	619/93	NPHI, Turku, Finland
И. marianum	MMAR	464/92	NPHI, Turku, Finland
И. microti	MMIC1	ATCC 35781	ATCC, Maryland
	MMIC2	116/93	NPHI, Turku, Finland
	MMIC3	ATCC 19422	ATCC, Maryland
1. phleii	MPHL	TMC 1516	Dept Health, Nashville TN
1. scrofulaceum	MSCR1	966 R	Dept Health, Nashville TN
- -	MSCR2	ATCC 19981	Dept Health, Nashville TN
	MSCR3	ATCC 35787	Dept Health, Nashville TN

Table 1 Continued on facing page

nally, as ANN learns from experience (Hinton, 1992), its accuracy will increase as new data becomes available and is used to retraining.

### Methods

# Signature Lipids

The analysis utilized fatty acids and alcohols which appear thus far to be unique to *Mycobacteria* and are derived from the phthiocerol and phenophthiocerol wax neutral lipids, the phenolic glycolipids, glycopeptidolipids, and trehalose-containing lipooligosaccharides.

Isolation of the Mycobacterial phthiocerol waxes, phenophthiocerol waxes, and mycolate secondary alcohols

Lyophilized samples were extracted after suspension in methanol 0.3% NaCl (10:1, v/v) with sonication. Hexane was then added and the upper layer recovered. The lower phase of the methanol-salt solution was extracted twice with additional hexane. The combined hexane extractants were evaporated in a stream of nitrogen, dissolved intoluene and hydrolyzed with 30% methanolic KOH at 100°C. After cooling, the mixture was acidified and extracted with diethyl ether. The fatty acids were then methylated and suspended in hexane for analysis by GC/MS. The diethyl ether extracts were also analysed for secondary alcohols (Dobson et al., 1985; Minnikin et al., 1987). The secondary alcohols were analyzed as TMS ethers using methyl tricosanoate as an internal standard.

Isolation of the 3-hydroxy fatty acids was accomplished by subjecting the lyophilized bacteria to 4 N HCl in methanol at 85°C for 18 hours. Methyl esters of hydroxy fatty acids were purified on silicic acid columns (Jantzen et al., 1993) and after the formation of the trimethylsilyl esters (TMS) analyzed by GC/MS. GC/MS analysis was by electron impact with positive ion detection of molecular ions and fragment ions specific to the components of interest. The Mycobacteria strains analyzed and their sources are listed in Table 1. The straight chain, saturated 3-0H-fatty acids of between 12 and 26 carbons were not utilized in the analyses as they were present in low (and variable) amounts and are also found in the related Actinomycetes, Nocardia, Rhodococcus and Corynebacterium genera (Table 2).

Table 2 3-0H-Fatty Acids in Actinomycetes Strains (in pmoles/mg dry weight).

Species	Source			N	umber of c	arbons:n	umber o	f double	bonds		
		14:0	16:0	18:0	20:0	21:0	22:0	23:0	24:0	25:0	26:0
Rhodococcus equi *	ATCC 6939	80	120						•		40
Rhodococcus rhodochrous **	ATCC 21197			110	1300	160	1050	2500	300	150	60
Nocardia asteroides **	ATCC 3308			90	70						•
Corynebacterium pseudotuberculosis *											
	ATCC 19410	40	70	320	20						

## Data Analysis

The lipid profile of 67 Mycobacterium spp. isolates were processed by cluster analysis and ANN. Lipid concentrations were normalized by dividing the observed value by the maximum value found for that particular lipid in any strain. The cluster analysis was performed by unweighted pair-group average (UPGA) of Euclidean distances (Sneath & Sokal, 1973). Fully connected feed forward artificial neural networks (ANN) were implemented in Braincel™ 2.5. The connection weight optimization was performed by the Back Percolation algorithm (Jurik Research & Consulting Lic., 1991). In all cases, only one hidden layer was considered and the number of hidden nodes was set as the minimum that still allows cross validation with a data subset not used to train the ANN (option "best net search" within Braincel™ 2.5). Cross validation consisted of comparing the predictive error for the training data set with the predictive error for a data set not used to train the ANN (test data set), and stop the training process when the they diverge. A positive identification of a particular trait was quantified as '1' and a negative identification as '0'. The prediction error was defined as the standard deviation between the predicted and observed values. Therefore, the prediction error describes primarily the ANN goodness of fit and not the predictive success: if the value 0.5 was set as the threshold for a positive identification, the predictions of streptomycin resistance in Table 11 would be all correct, yet the predictive error was 15%. Tables 3, 4, 8 and 9 also include the standard deviation, defined with reference to the average output

The predictive sensitivity to each lipid was calculated by the maximum variation induced in the prediction by varying the given lipid concentration. The resulting values were plotted as cumulative percentages — the sum of sensitivities to all lipids was 100%.

In order to further understand the recognition process, the correlation between each lipid concentration (1) and a positive identification was evaluated by a similarity (Sil) and dissimilarity (Dil) index. These indexes were calculated as the standard deviations among the positive identifications and between the positive and negative identifications, respectively, using both the training and test data sets (Equation 1). The association between a difference in lipid concentration and the target trait would be reflected by a difference between the similarity and dissimilarity indexes for that lipid. The opposite situation where the individual lipid is not correlated with the trait would be reflected by approximately equal values of SiI and Dil. However, a low Sil and high Dil does not necessarily indicate that the target trait can be recognized solely by that lipid concentration — the difference would have to be consistent for all lipid concentrations. On the other hand, lipids with high values for both indexes can still be crucial in the recognition of the target trait when considered together with other lipids. In this case, the recognition is non-linear and requires ANN with multiple hidden nodes.

Table 1 Continued from facing page

Species	Code	Strain	Provider
M. smegmatis	MSME	TMC 1515	Dept Health, Nashville, TN
M. szulgai	MSZU1	525R	Dept Health, Nashville, TN
Ü	MSZU2	579R	Dept Health, Nashville TN
	MSZU3	719R	Dept Health, Nashville TN
M. tuberculosis	MTUB1	H <sub>37</sub> Rv CO	Colorado State University
	MTUB10	H <sub>37</sub> Rv Lund	Lund University Hospital
	MTUB11	H <sub>x</sub> , Rv Nashville	Dept Health, Nashville, TN
	MTUB12		Dept Health, Nashville, TN
	MTUB13		Lund University Hospital
	MTUB14		Clinical isolate,
	MICDII	3505100	The Toronto Hospital
	MTUB15	3403080	Clinical isolate,
	MICDI	J-105000	The Toronto Hospital
	MTUB16	3491069	Clinical isolate,
	MICDIO	5171007	The Toronto Hospital
	MTUB17	2605879	Clinical isolate,
	MIUDIA	2003079	The Toronto Hospital
	3.657 173.7.0	126616	Clinical isolate,
	MTUB18	126614	The Toronto Hospital
	1 (777 77) 1 ()	01/1707	<u>-</u>
	MTUB19	2161727	Clinical isolate,
		a=40=00	The Toronto Hospital
	MTUB2	2750789	Clinical isolate,
•			The Toronto Hospital
	MTUB20	228712070	Clinical isolate,
			The Toronto Hospital
	MTUB3	916 <del>84</del>	Clinical isolate,
			The Toronto Hospital
	MTUB4	3899823	Clinical isolate,
			The Toronto Hospital
	MTUB5	3954352	Clinical isolate,
			The Toronto Hospital
	MTUB6	3716681	Clinical isolate,
			The Toronto Hospital
	MTUB7	3718423	Clinical isolate,
			The Toronto Hospital
	MTUB8	3446253	Clinical isolate,
			The Toronto Hospital
	MTUB9	5376722	Clinical isolate,
			The Toronto Hospital
M. ulcerans	MULC1	ATCC 19423	ATCC, Maryland
	MULC2	ATCC 25896	ATCC, Maryland
M. xenopii	MXEN1	7735	Dept Health, Nashville, TN
112, saings	MXEN2	148/92	NPHI, Turku, Finland
	MXEN3	239R	Dept Health, Nashville, TN
	MXEN4	1469R	Dept Health, Nashville, TN
	MXEN5	TMC 1470	Dept Health, Nashville, TN
	MALLIN	10.011/0	

$$SiI_{l} = \frac{1}{(SA)^{2}} \sqrt{\sum_{i}^{SA} \sum_{j}^{SA} (A_{l,j} - A_{l,j})^{2}}$$

$$DiI_{l} = \frac{1}{(SA \cdot SB)} \sqrt{\sum_{i}^{SA} \sum_{j}^{SB} (A_{l,j} - B_{l,j})^{2}}$$
(1)

$$\sum l = T$$

A = data subset with positive identifications consisting of Tlipid concentrations x SA strains.

D - data exheat with nagative identifications consisting of

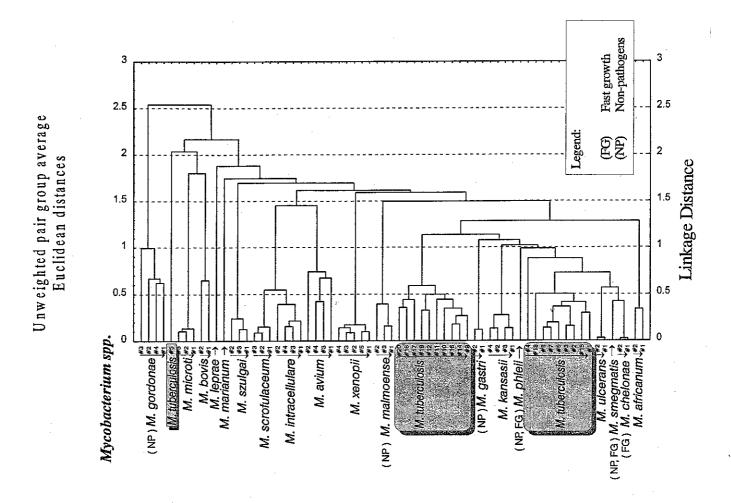


Figure 1 Cluster analysis of normalised lipid profiles. The M. tuberculosis strains are framed, the fast growing species of Mycobacterium spp. are marked 'FG' and the non-pathogenic 'NP'.

The ANN were trained to recognize the following traits based on the lipid concentration profile (lipid signature):

### 1. Identification of M. tuberculosis

A set of 67 lipid profiles corresponding to identified *Mycobacterium* spp strains was used to train an ANN to identify *M. tuberculosis*.

# 2. Prediction of Mycobacterial pathogenicity

The same set of data was used to try to infer the pathogenicity and other nutritional behaviours of the corresponding species. The same set of 67 *Mycobacterium* spp lipid profiles clustered in Figure 1 was used to infer the pathogenicity and other nutritional behaviours of the corresponding species. Instead of using the raw data, the lipid profile for each species (therefore each cluster) was averaged, except for *M. tuberculosis* where each of the three clusters was averaged individually. This procedure ensures that the test data set will not include lipid signatures

# 3. Prediction of resistance of *M. tuberculosis* strains to isoniazid and streptomycin

The lipid profiles of 15 *M. tuberculosis* strains isolated at the Toronto Hospital were used to train a ANN to associate it with resistance to Isoniazid and streptomycin.

## Results

# 1. Identification of M. tuberculosis

The set of 67 lipid profiles corresponding to identified *Mycobacterium spp* strains was analyzed by hierarchical clustering for its ability to discriminate the different species (Figure 1).

The lipid profiles of the different Mycobacteriumspp. cluster by species with the exception of M. tuberculosis which is distributed between two clusters with one differentiated strain (MTUB5). Because cluster analysis failed to uniquely discriminate M. tuberculosis, a ANN was trained to accomplish the task. This goal was reached using only one hidden node. The summary statistics of

The accuracy of predictions and the simplicity of the NN suggest that the different *M. tuberculosis* lipid profiles are clearly separable. The predictive accuracy was independently tested with 10 lipid profiles not used to train the ANN (Table 4).

It should be noted that the *M. tuberculosis* strain #5 (MTUB5) was included in the test data set. The fact that its lipid profile clusters apart from the ones used to train the ANN (Figure 1) did not hinder its correct identification (Table 4). The importance of each individual lipid in the recognition of *M. tuberculosis* can be ascertained by plotting the corresponding sensitivity, similarity and dissimilarity indexes (Figure 2).

# 2. Prediction of Mycobacterial Pathogenicity The averaged profiles (see Methods section) were associated with the species nutritional behaviour (Table 5, 6 and 7). If the lipid profile in some way depends on the nutritional behaviour, a ANN might recognize it. As previously, the data set was divided into two subsets, a larger one to train the ANN (Table 6) and the remaining one to independently test its predictive accuracy (Table 7).

The data presented in Table 6 does not include 4 species which were randomly selected to independently evaluate the ANN predictive accuracy (Table 7).

Table 3 Identification of M. tuberculosis from its lipid signature using training data set. The ANN configuration consisted of one hidden layer and one hidden node.

Target output	Average output	Standard deviation	Max-Min	Number of signatures
1	1.00	0.01	0.05	17
0	0.00	0.01	0.04	40

Table 4 Actual and predicted M. tuberculosis identification for lipid profiles used to test the ANN.

Target output	Average output	Standard deviation	Max-Min	Number of signatures
1	1.00	0.00	0.00	3
0	0.00	0.00	0.01	7

Table 5 Key for nutritional behavioural code used in Tables 7 and 8 based on the classifications of Good (1985).

Code	Nutritional behaviour
A	Pathogen
В	Saprophyte
С	Fast Growth
D	Photochromogen
E	Scotochromogen
F	Nonphotochromogen
G	Strict Pathogen
G	Strict Pathogen

Table 6 Data used to train the ANN to recognize nutritional behaviour. The actual and the predicted outputs are displayed. The ANN configuration consisted of one hidden layer and 2 hidden nodes. The overall prediction error for this data was 7%. The prediction error for pathogenicity only (code A) was 0.1%.

		Actual nutrition behaviour						Predicted nutrition behaviour						
Cluster (Figure 1)	A	В	С	D	E	F	G	A	В	С	D	Е	F	G
M. africanum	1	0	0	0	0	0	i	1.01	-0.01	0.04	0.01	-0.01	0.02	0.99
M. avium	1	0	0	0	0	1	0	1.01	-0.01	-0.01	0.01	-0.01	0.85	0.22
M. bovis	1	0	0	0	0	0	1	1.01	-0.01	0.02	0.01	-0.01	0.02	1.01
M. chelonae	1	0	1	0	0	0	0	0.97	0.02	0.33	0.02	-0.01	0.01	0.37
M. gastri	0	1	0	0	0	1	0	0.04	0.81	0.63	0.03	0.17	0.01	-0.01
M. gorodnae	0	1	0	0	1	0	0	0.00	0.92	0.15	0.04	1.01	0.04	-0.01
M. intercellulare	1	0	0	0	0	1	0	1.01	-0.01	-0.01	0.01	-0.01	0.65	0.17
M. kansasii	1	0	0	1	0	0	0	1.00	0.00	80.0	0.02	0.01	0.03	0.03
M. malmoense	0	· 0	0	0	0	1	0	0.69	0.16	0.19	0.02	0.14	0.02	-0.01
W. microti	1	0	0	0	0	0	1	1.01	-0.01	0.04	0.01	-0.01	0.02	1.00
M. phleii	0	1	1	0	0	0	0	0.03	0.85	0.88	0.02	0.00	0.00	0.08
M. scrofulaceum	1	0	0	0	1.	0	0	1.00	0.00	0.00	0.03	0.73	0.08	-0.01
M. szulgai	1	0	0	0	1	0	0	1.00	-0.01	-0.01	0.03	0.86	0.09	-0.01
M. tuberculosis 5	1	0	0	0	0	0	1	1.01	-0.01	0.19	0.01	-0.01	0.01	0.97
M, tuberculosis A	1	0	0	0	0	0	1	1.01	-0.01	0.04	0.01	-0.01	0.02	1.00
M. tuberculosis B	1	0	0	0	0	0	1	1.01	-0.01	0.12	0.01	-0.01	0.02	0.96
M. xenopi	1	0	0	0	1	0 -	0	1.00	0.00	-0.01	0.03	0.84	0.09	-0.01

Table 7 Actual and predicted M. tuberculosis identification for lipid profiles not used to train the ANN. The overall prediction error for this data was 9%.

procedure to the second se	Actual nutrition behaviour						Predicted nutrition behaviour							
Cluster (Figure 1)	A	В	С	D	E	F	G	A	В	С	D	Е	F	G
M. leprae M. marinum	1	0	0	0	0	0	1 0	1.00	0.00	0.18 0.05	0.02	0.00	0.02	0.33 0.83

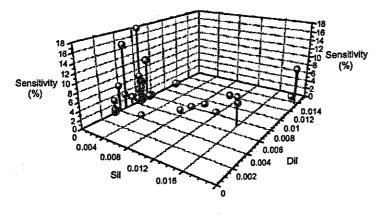


Figure 2 Lipid signature predictive sensitivity, similarity (Sil) and dissimilarity (Dil) indexes for the recognition of M. tuberculosis. The lower the similarity index, the higher the homogeneity for that lipid content within M. tuberculosis strains. The higher the dissimilarity index the higher the differences between M. tuberculosis strains and other strains.

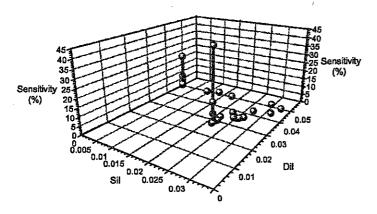


Figure 3 Lipid signature predictive sensitivity, similarity (Sil) and dissimilarity (Dil) indexes for the recognition of Pathogenicity (nutritional behaviour A) among Mycobacterium spp. The ANN used was trained to recognize other nutritional behaviours along with

The results presented in Tables 6 and 7 suggest that pathogenicity (code A) and some extent Saprotrophic (B) and fast growers (C), can be identified by analysis of lipid profiles. However, the nutritional behaviours other than pathogenicity include too few positive results to risk a conclusion. The sensitivity plot for pathogenicity recognition is presented in Figure 3. On the other hand this ANN failed to predict strict pathogenicity (code G) for the independent data set (Table 7). Another ANN was trained solely to recognize strict pathogenicity (Table 8) yielding a better prediction accuracy (Table 9).

The use of a separate ANN to solely recognize strict pathogenicity (code G) significantly improved the prediction accuracy. A separate ANN was also trained for pathogenicity (code A) but the prediction accuracy was much poorer than the one that considers the 7 nutritional behaviours simultaneously (results not shown). It could be speculated that the recognition of a pathogen is improved if information is available on alternative behaviours. On the contrary, a strict pathogen may not show other behaviours and therefore information on alternative behaviours only interferes with strict pathogenicity recognition.

The relatively small size of the data set for nutritional behaviours cautions against further elaboration on the information obtained.

# 3. Prediction of resistance of M. tuberculosis Strains to Isoniazid and Streptomycin

The 15 *M. tuberculosis* strains isolated at the Toronto Hospital were characterized for resistance to the antibiotics izoniazil and streptomycin (Tables 10 and 11) and sent to Tennessee (unidentified) for signature lipid analysis. The lipid signatures were simplified by excluding those lipids present in only 3 or less *M. tuberculosis* strains. The resulting profiles consisted of 9 of the original 36 signature lipid biomarkers. An ANN was optimized to associate the lipid signature with the antibiotic resistance data

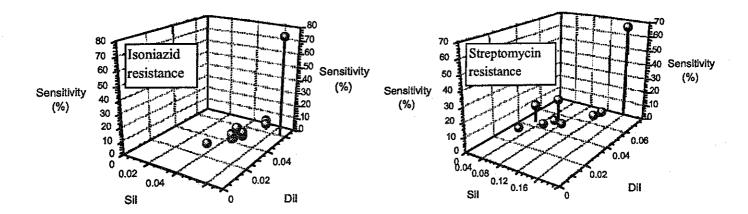


Figure 4 Lipid signature predictive sensitivity, similarity (Sil) and dissimilarity (Dil) indexes for the recognition of resistance to streptomycin and izoniazil.

(Table 10). Three strains were not used to train the ANN in order to test its predictive accuracy (Table 11). The sensitivity plots for Izoniazil and streptomycin resistance are presented in Figure 4.

The relative large number of hidden nodes and the sensitivity plots assert the non-linearity of antibiotic resistance prediction. Moreover, the significantly larger predictive errors observed with the test data (Table 11) suggest a weaker generalization than that observed for *M. tuberculosis* identification and pathogenicity/strict pathogenicity predictions.

## Generalisation of ANN predictions

In order to evaluate if the independent data subsets were within the range of training data, the dendrogram in Figure 2 was used: an outlyer profile would not have as close neighbours any of the signatures used to train the ANN. The only independent data subset observed to include a clear outlyer (MTUB5) was presented in Table 4. Therefore, in the other cases, a poorer prediction for the test than for the training data subset can be interpreted as a measure of the ANN inability to generalize its predictions within the training range, as was indicated with the antibiotic resistance analyses presented in Tables 9 and 10.

### Discussion

The use of ANN for microbial identifications is a well established practice (Boddy & Morris, 1993; Goodacre et al., 1994; Kennedy & Takur, 1993; Schindler et al., 1994) and has been used before to identify species within the Mycobacterium tuberculosis complex (Freeman et al., 1994). The results presented hereby for M. tuberculosis identifications strongly support this practice. The additional inference of nutritional behaviour and antibiotic resistance from the lipid profile is more complex as reflected by the higher number of hidden nodes required to make the association. Although the small data set analyzed advises caution, the results obtained show great potential for the use of ANN to infer behaviour of possible clinical importance.

Plotting predictive sensitivity with similarity and dissimilarity indexes was used to analyze the recognition process. The non linearity associated with multiple hidden nodes was reflected in predictive sensitivity of lipids which did not correlate with the target trait (i.e. similar *SII* and *DiI* values).

To sum up, the ANN may negotiate the complex interactions that yield a particular lipid profile and recognize its primary endogenous and exogenous variables. Furthermore, even if ANN have mostly been used as black box filters of complex inputs, its ability to put into evidence underlying dependencies should not be neglected.

The signature lipid biomarker analysis reported herein has the potential to be made into a rapid, sensitive, potentially automatable, quantitative detection/identification system that can be used to predict potential

Table 8 Recognition of strict pathogenicity alone. The ANN configuration consisted of one hidden layer and 23 hidden nodes.

Target output	Average output	Standard deviation	Max-Min	Number of signatures
1	0.99	0.03	0.08	6
ō	0.02	0.04	0.12	11

Table 9 Actual and predicted strict pathogenicity recognition from lipid profiles not used to train the ANN (Table 8).

Target output	Average output	Standard deviation	Max-Min	Number of signatures
1	0.90	0.07	0.1	2
0	0.01	0.02	0.03	2

Table 10 Antibiotic resistance data and ANN predictions for the training subset. 13 hidden nodes were used and the predictive error was 1% for Izoniazid and 2% for streptomycin resistance.

	Antibiotic r	esistance	ANN pre	dictions	
Code	ISO	STR	ISO	STR	
MTUB2	1	1	0.95	0.91	
MTUB4	1	0	0.99	0.00	
MTUB5	1	0	1.01	-0.01	
MTUB7	0	0	0.01	-0.01	
MTUB8	0	0	0.00	-0.01	
MTUB9	0	0	-0.01	-0.01	
MTUB14	0	0	0.00	0.00	
MTUB15	1	1	0.97	0.95	
MTUB16	0	0	-0.01	0.00	
MTUB17	1	1	0.99	1.00	
MTUB18	1	0	0.99	0.00	
MTUB19	1	0	1.01	0.00	

Table 11 Antibiotic resistance data and ANN predictions for the lipid signatures not used to train it. The predictive error was 7% for Izoniazid and 15% for streptomycin resistance.

	Antibiotic	resistance	ANN predictions				
Code	ISO	STR	ISO	STR			
MTUB3	1	0	0.96	0.19			
MTUB6	0	0	-0.01	-0.01			
MTUB20	1	1	0.85	0.75			

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